



**Wastewater Billing Office**  
City of West Lafayette  
711 W. Navajo Street  
West Lafayette, IN 47906  
Phone: (765) 775-5140  
Email: [Utility@westlafayette.in.gov](mailto:Utility@westlafayette.in.gov)

## Automatic Bill Payment Authorization Form

Your wastewater bill payment can be automatically deducted from your bank account. West Lafayette Wastewater Treatment Utility will continue to provide a copy of your monthly wastewater bill to you in advance so that you know the amount to be deducted from your bank account.

Signing up is easy. Simply complete this form and mail it, along with a **voided check** to:

West Lafayette Wastewater  
711 West Navajo St.  
West Lafayette, IN 47906

Name (as shown on bill): \_\_\_\_\_

Service Address: \_\_\_\_\_ West Lafayette, IN 47906 Phone #: \_\_\_\_\_

Wastewater Account and Customer Number: \_\_\_\_\_

I hereby authorize the City of West Lafayette Wastewater Treatment Utility to electronically debit my account listed to cover the billed amount for wastewater utility services due. The information contained herein will be used only for this purpose. I understand that I am in full control of bill payments. I may discontinue enrollment at any time with written notice to the City of West Lafayette Wastewater Treatment Utility. Both the City of West Lafayette Wastewater Treatment Utility and the Financial Institution reserve the right to terminate this payment plan and/or my participation in it.

Name and address of bank or financial institution: \_\_\_\_\_

\_\_\_\_\_

Bank Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Please circle the account type: CHECKING or SAVINGS

Name on Bank Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

As shown on financial institution records

**To discontinue this service, simply contact us in writing and express your intent to cancel enrollment.**  
Email notification is also available to: [utility@westlafayette.in.gov](mailto:utility@westlafayette.in.gov)